

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90013 019 ***150.00

DOCUMENT # P02000022384

1. Entity Name
AFRICAN RENAISSANCE USA INC.



Principal Place of Business
**4012 MAGUIRE BLVD
SUITE 4214
ORLANDO, FL 32803**

Mailing Address
**4012 MAGUIRE BLVD. #4214
ORLANDO, FL 32803**

40079158



2. Principal Place of Business - No P.O. Box #
9528 MUSE PLACE
Suite, Apt. #, etc.

3. Mailing Address
9528 MUSE PLACE
Suite, Apt. #, etc.

03262007 Chg-P CR2E034 (12/06)

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
95-4854929

Applied For
Not Applicable

Zip
32829 Country
ORANGE

Zip
32829 Country
ORANGE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DU BUISSON, CATHERINE A
4012 MAGUIRE BLVD., #4214
ORLANDO, FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DU BUISSON, JAMES ROBERT T
PO BOX 355, FLORIDA HILLS 1716
SOUTH AFRICA.** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DU BUISSON, ANN LOUISE
4012 MAGUIRE BLVD., #4214
ORLANDO, FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DU BUISSON, DAVID JAMES
PO BOX 355, FLORIDA HILLS 1716
SOUTH AFRICA.** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**9528 MUSE PLACE
ORLANDO, FL 32829** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**9528 MUSE PLACE
ORLANDO, FL 32829** ☒ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #